

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

CELL BLK Q4 cell #1 IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

PAUL M. GRAHAM III DCP # 113009

(1) (Name of Plaintiff) (Inmate Number)  
DAUPHIN COUNTY  
PRISON, HARRISBURG, PA.  
(Address) DO# 261-548

(2) DONTE FAULKNER  
(Name of Plaintiff) (Inmate Number)  
ROXBURY CORRECTI-  
ONAL INSTITU-  
(Address) TION, HAGERSTOWN,  
MARYLAND.

1:25-CV-663

(Case Number)

(Each named party must be numbered,  
and all names must be printed or typed)

MARYLAND.  
vs.  
(1) "THE RAINBOW

CIVIL COMPLAINT

FILED  
HARRISBURG, PA

APR 14 2025

(2) FLAG'S POLICE, etc."  
INVOLVE IN:  
(3) Common Wealth:  
(Names of Defendants) OF PA. V.

PER IR  
DEPUTY CLERK

(Each named party must be numbered,  
and all names must be printed or typed)  
PAUL M. GRAHAM III, et al.

MJ-12104-CR-00000  
75-2025

TO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS  
☒ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

↓ PAUL M. GRAHAM III,  
et al. v

KEYPOINT HEALTH  
SERV. INC. ete.

U.S.C.A. CASE # 27-103

## II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:

1. What steps did you take?

CONSULTED WITH DAULPHIN CO. PRISON I.I.A./I.A.

2. What was the result?

SUPERVISOR ET AL BUT THEY BLEW US OFF?

- D. If your answer to "B" is No, explain why not:

THEY SUPPORT "SWINDLING US?"

## III. DEFENDANTS

(1) Name of first defendant:

Employed as

Mailing address:

(2) Name of second defendant:

Employed as

Mailing address:

(3) Name of third defendant:

Employed as

Mailing address:

(List any additional defendants, their employment, and addresses on extra sheets if necessary.)

## IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1.

THE US. 5TH & 8TH Amend. OF THE U.S. CONSTI- TUTION & MY FIRST AMENDMENT - RIGHT TO PETITION THE GOV. OF "Redress OF GRIEVANCES" WAS "HAULT" BY OFF'S. EXAMPLE: THEY OBSTRUCTED MY AMBULANCE

RIDE BY TELLING

2. "THE 911 OPERATOR  
DO NOT COME TO THE  
HOSPITAL TO TAKE GRAHAM  
TO ANOTHER HOSPITAL
3. THROUGH YOUR AMBULANCE  
SERVICE, HE'S TELLING  
ON US, HE'S A GAY HATER.  
IN GAR, SO FUCK EM ALL [+TRUMP]

V.

RELIEF

~~WE DONT HAVE~~

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. ~~APPOINT~~  
A ATTORNEY  
TO REPRESENT  
US & WE'LL LET  
HIM LEAD THE  
LITIGATION  
OF THIS CASE  
WE'RE NOT EXPERTS  
?

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19 day of MARCH, 2025

[Signature]  
(Signature of Plaintiff)

[Signature]  
[Signature]

Q1B LOCK  
TREATMENT  
COUNSELOR

NAME: MR. PAUL mcANDREW GRAHAM III

D.C.P. # 113003  
DAUPHIN COUNTY PRISON  
501 MALL ROAD  
HARRISBURG, PA 17111-1299

CELL Q4/1

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HARRISBURG, PA

APR 14 2025

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U.S. DISTRICT COURT  
FOR THE MIDDLE DISTRICT  
OF PENNSYLVANIA

Sylvia H. Rambo  
U.S. Courthouse  
1501 N. 6th St.  
Hbg., PA 17102



17102-251401